## EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

## Instructions

- Print in ink or type.
- Complete form and return to Board of Bthics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No foo is required.
- ! This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

i. Name Fusiller, Julie A.						3071501		
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N AM CHANG	_							
CIDINO		Last	First		мг			
z. BUSI	NESS PHONE	(225) 381-7 (Area Code) Phone N					F .	
3. FAX	PHONE (22	25) 381-7730						
4. BUSI	NESS ADDRÉSS	450 Laurel		u(te, 1101,	Baton City	Rouge, La.	Zip :	<u></u>
MAII	ING ADDRESS	Same as ab	007ۥ				<u> </u>	<u>:</u>
	-	Street and '	No.		City	State	Zigur	
	LOYER	lleberg Riddl ESS 450 Laur		Suite 1101	, Baton	Rouge, La	70801	
		Street and No.		City	State	Zip		
7 Unio								
). HHYE	you ceased or tem	minated all lobbying	g activities requi	ing registration?	Ycs	No_X		
8. LIST perso group	BELOW (a) Name o, group, or organi o; (d) whether or or	es of persons, group ization listed; (c) th of the client or some	os, or organization to type of busines cone else pays yo	ns which you are se cuch is engager at to lobby; and (s	adding or eld in or the p	iminating; (b) th urpose or function	m of the organizat	such tion or
B. LIST	BELOW (a) Name o, group, or organ k; (d) whether or or Name Lou	es of persons, group ization listed; (c) th or the client or some I s i ana Mont ga	os, or organizations type of busines cone else pays yo age Bankers	ns which you are seeuch is engage at to lobby; and (a Associatio	adding or eld in or the p	iminating; (b) th urpose or function	m of the organizat	auch tion or
8. LIST perso group	BELOW (a) Name o, group, or organ o, (d) whether or or NameLou	es of persons, group ization listed; (c) that the client or some Is can Mortga Box 210B, )	os, or organizations type of busines cone else pays yo age Bankers	ns which you are seech is engages a to lobby; and (a Associatio La. 70470	adding or eld in or the p	iminating; (b) th urpose or function	m of the organizat	auch tion or
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FOR OFFICE USE ONLY Postmark Date: 5//6\$

## EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

2) Name National Mortgage Bankers Association



	Add	1919 Pennsylvania Ave., NW, 8th Floor, Washington, DC 20006				
	Busi	ness or purpose Real Estate Finance				
	K	New Representation  Does this person puy you? Yes				
		If No. who pays you?				
		Terminated Representation as of				
3)	Nan	ne				
	Add	ress				
Business or purpose						
		New Representation Dogs this person pay you?				
		If No, who pays you?				
		Terminated Representation as of				
		CERTIFICATION OF ACCURACY				
		I hereby certify that the information contained herein is true and correct to the best of my knowledge,				
	info	rmation, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately				
	omi	itted.				